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Entered - 02/09/01 - sb
CL01L0100 - DIANNE C. MITCHELL

01- R-1246

CLAIM OF: **DEANDRE K. ROYALS,**
through his insurance carrier,
State Farm Insurance Companies
551 Thornton Road
Lithia Springs, Georgia 30122

For damages alleged to have been sustained as a result of a vehicular accident on December 20, 2000 at Whitehall Street and McDaniel Street.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0100

Date: July 26, 2001

Claimant /Victim DEANDRE K. ROYALS
BY: (Ins. Co.) State Farm Insurance Companies
Address: 551 Thornton Road, Lithia Springs, Georgia 30122
Subrogation: X Claim for Property damage \$ 3,533.02 Bodily Injury \$ _____
Date of Notice: 02/02/01 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 12/20/00 Place: Whitehall Street and McDaniel Street
Department PRCA Division: Parks
Employee involved Peter Arthur Maynard, Jr. Disciplinary Action: No Action Taken

NATURE OF CLAIM: The driver of the City vehicle was proceeding through a green light when the claimant proceeded into the intersection and struck the City vehicle. The claimant alleges that he had the green light. The driver of the City vehicle states that the light was green when he proceeded through the intersection, but that a phantom vehicle cut him off causing him to come to a sudden stop and then continued through the intersection. The investigation determined that the fault of the driver of the City vehicle was less than that of the claimant, as the claimant had the last clear chance to avoid the accident.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____
Traffic citations issued: City Driver X Claimant Driver X
Citation disposition: City Driver dismissed Claimant Driver _____

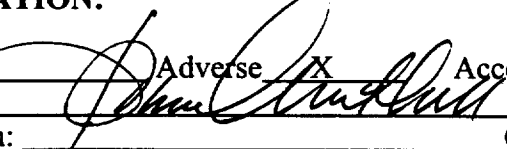
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent X City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 07-26-01
Committee Action: _____ Council Action _____

State Farm Insurance Companies



MTF
02/08/01
Am

State Farm Insurance Company
551 Thornton Road
Lithia Springs, Georgia 30122
770-739-3500
770-739-3532 Fax

January 29, 2001

ENTERED - 2-9-01 - SB

0110100 - DIANNE MITCHELL

Counsel City of Atlanta/ Municipal Clerk/City Hall
55 Trinity Ave SW
Atlanta, GA 30335

FEB - 2 2001

RE: Our Claim Number: 11-3576-040
Date of Loss: December 20, 2000
Our Insured: Deandre K. Royals
Your Insured: Peter Arthur Maynard Jr
Your Insured's Address: 7532 Thebes Dr
Raleigh NC 27616
Your Insured's Pol No:
Your Claim No:

Dear City of Atlanta:

We have been informed that you are the insurance carrier for the party designated as your insured in the caption of this letter. Our investigation of this accident establishes that your insured was responsible for this accident.

___ Please accept this letter as notice of our subrogation rights under:

Personal Injury Protection (PIP) Vehicle Damage
Medical Payments Coverage (MPC) Other:

___ Should we be called upon to make payment under our policy we will be looking to you for reimbursement.

___ We have made the following payments to date and request reimbursement as shown below:

Name of our Payee /	PIP/MPC /	VEHICLE /	OTHER
		(LESS SALVAGE) /	PAYMENT
<i>Hwy 78 BLS</i>	<i>/</i>	<i>/ \$ 2,697.02 /</i>	<i>\$ 336.00 Rental</i>

Net amt. paid by Co. \$

\$ 3033.02

Insd. Ded \$

500.00

TOTAL PAID \$-

\$ 3533.02

Laurie Jones

Claim Specialist

(770) 739-3591

State Farm Mutual Automobile Insurance Company

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